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APPLICANTS

Jerry L. Turney, Ramsey, MN;

Yuemean Chen, Plymouth, MN;

Scott Koelsch, Edina, MN; Kurt W. Papke, Chanhassen, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

ADDRESS

27581

MEDTRONIC, INC.

710 MEDTRONIC PARKWAY NE

MS-LC340

MINNEAPOLIS, MN

55432-5604

TITLE

Mechanical metaphor for representing parameter constraints graphically for medical devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

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